MAR-12-2004 04:00P FROM: GOOD FEET PC

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Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90338 037 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000101594

1. Entity Name
EMERALD COAST VENTURES, INC

Principal Place of Business	Mailing Address
1519 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308	PO BOX 13425 TALLAHASSEE, FL 32317

03122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2345 MARTIN LUTHER KING	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PANAMA CITY, FL 32405	City & State: SAME
Zip: 32405 Country: BAY	Zip Country

4. FEI Number: 03-0378085 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUTTON, JONATHAN S
1519 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name: JAMES G DUTTON JR
Street Address (P.O. Box Number is Not Acceptable): 2345 MARTIN LUTHER KING BLVD
City: PANAMA CITY FL Zip Code: 32405

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: James G Dutton Jr. 4/22/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DUTTON, JONATHAN S 1519 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DUTTON, JAMES 2345 HWY 77 PANAMA CITY, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James G Dutton Jr. 4/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #